

December, 2015

Montana Office of Vital Records Newsletter



The staff of the Registrar's Office
wish you
Happy Holidays
and a
Prosperous New Year

Office of Vital Records Staff

Karin Ferlicka
State Registrar
(406) 444-4250
kferlicka@mt.gov

Kathy Thompson
Data Acquisition Supervisor
(406) 444-0692
ktompson@mt.gov

Dean Vig
Records Administration
Supervisor
(406) 444-5249
dvig@mt.gov

You can find copies of
earlier newsletters at our
website:

[http://dphhs.mt.gov/
publichealth/Epidemiology/
OESS-VS#223953339-
registrars-newsletters](http://dphhs.mt.gov/publichealth/Epidemiology/OESS-VS#223953339-registrars-newsletters)

Vital Statistics Analysis Unit Staff

Todd M. Koch, MPH
Lead Epidemiologist
(406) 444-1756
tkoch@mt.gov

Vacant
Epidemiologist

People You Should Know: Nosologists



Nosology in its broadest definition is the branch of medicine that deals with the classification of diseases. In the context of mortality, it refers to the description of the processes that lead to death. The National Center for Health Statistics of the Centers for Disease Control and Prevention provides training and certification for mortality nosologists. NCHS also produces extensive resources such as detailed instruction manuals and decision tables. Certification requires intensive classroom and on-line training that may last a year and a half, followed by several additional years of on-the-job experience to become proficient.

Although the NCHS recommends that all state Offices of Vital Statistics have one or more nosologists on staff, in practice states deliver their death certificates to the NCHS uncoded. The NCHS uses automated computer programs to translate the literal content of death certificates to coded underlying causes. A small fraction of certificates cannot be coded automatically and are referred for review by NCHS staff nosologists.

Death certificates are first and foremost legal documents but they play an essential role in Public Health as well. Mortality data such as age and cause of death are primary markers of the health of a population. The data provide guidance about where and how to intervene to improve the well-being of our citizens, how to allocate scarce resources, and allow us to measure our progress.

Those of you who complete death certificates are rarely nosologists and most of you don't have formal training in the field. So how can you contribute to the accuracy and quality of cause-of-death determination? First, spend a little time thinking about the process that led to the death you are certifying. Remember that the first line, the IMMEDIATE CAUSE of death is the end result of a process and you need to fill in the steps of the process on the lines below the Immediate Cause, until you reach what you believe to be the UNDERLYING CAUSE, the disease or injury that started the process that led to death. The classic example of this is an injury death from blunt force trauma to the head (immediate cause) as the result of a car crash (underlying cause). With deaths caused by disease, the sequential order from underlying through intermediate to immediate cause may not be as obvious, but supply as much detail as you can. This will help the NCHS automated program and the reviewers arrive at an accurate underlying cause. Also use the sections for Significant Conditions Contributing for disease deaths and How the Injury Occurred for injury deaths to tell the story in as much detail as possible.

New Training Opportunities Coming to Your Computer

Beginning on December 1 of this year the Registrar's Staff began offering Quality Improvement seminars and other training opportunities for individuals who deal with Vital Records. The first session was directed at county Clerks and Recorders. Additional trainings will be developed specifically for coroners, funeral homes, hospitals, and direct entry midwives. These sessions will permit us to provide high-quality and personal training to our partners across the state with a much reduced travel burden on our staff.

You will receive email invitations and a request to RSVP. The email will have a Join The Meeting link and instructions for participating in the session. Anyone can log in using their phone and desktop computer. The system will allow you to see the trainer's computer screen and follow live demonstrations of registration procedures.

We will be addressing a wide variety of topics as they arise through our Quality Improvement assessments and by request from you all out there. Please feel free to submit suggestions for topics to Dean Vig (his contact information is on the first page of the newsletter).

Birth Registration Gold Star for Excellence Recipients

The state average for on-time registration in the 3rd quarter of 2015 was 93%. The following facilities received birth registration Gold Stars for Excellence for the quarter by having 93% or more of their births registered within 10 days.



* indicates 100% on-time registration

Anaconda Community Hospital
Barrett Hospital *
Billings Clinic
Cabinet Peaks Medical Center
Central Montana Hospital *
Glendive Medical Center
Great Falls Family Birth Center *
Holy Rosary Healthcare *
Kalispell Regional Medical Center
Marcus Daly Memorial Hospital

Marias Medical Center *
Missoula Birth Center
Missoula Community Medical Center
North Valley Hospital
Northern Montana Hospital
Northern Rockies Medical Center
St. James Healthcare
St. Joseph Hospital *
St. Luke Community Hospital
St. Vincent Healthcare
Sidney Health Center

Who is Responsible for Registering a Home Birth?

In September, Dean Vig and Kathy Thompson of the Registrar's Office made a presentation at the Western Regional meeting of the National Association of Public Health Statistics and Information Systems (NAPHSIS) in Portland about the registration of home births in Montana. The following is a summary of their presentation.

In 2012, the most recent year for which national data are available, Montana had the second highest rate of out-of-hospital births (home births or freestanding birthing centers) at 3.9% of all births, or about 500 births in that year. The number has been increasing each year for the past decade. Montana was second only to Alaska at 5.9% and was followed closely by Oregon (3.8%), Washington (3.4%), Idaho (3.4%), and Pennsylvania (3.1%).¹

If a home birth is attended by a midwife, the midwife registers the birth through the state's electronic Birth Registration System in the same way that hospitals do. If a home birth is not attended by a midwife or other medical professional, the parents are responsible for registering the birth. They may do so by obtaining a Homebirth Packet at the County Clerk and Recorder's Office or from the state's Office of the Registrar at our website:

www.dphhs.mt.gov/vitalrecords/vitalrecordsforms

The Homebirth Packet contains a worksheet to help with the registration process, several forms to be filled out if they are applicable, and a description of required documentation that the parents must supply: proof of pregnancy, proof of live birth, and proof of their residency or proof that the birth occurred in Montana. Proof of pregnancy may be provided by mother's medical records for services received while pregnant (e.g., office visits, lab tests, ultrasound). Proof of live birth may be provided by the infant's medical records for care received shortly after birth, by notarized affidavits from individuals having direct knowledge of the birth, or by a baptismal certificate. Proof of residency may be provided by documents such as utility bills, bank statements, social services records, or mortgage or rent statements addressed to the parents and dated near the time of birth. Other documents may be accepted at the discretion of the State Registrar.

And what about a birth that occurs in a moving conveyance? The first place that the baby is removed from the conveyance becomes the place of birth. If this is a hospital or other birthing facility such as a midwife center, the facility is responsible for registering the birth. If the baby is removed from the conveyance anywhere else, the parents are responsible for registering the birth.

1. MacDorman MF, Mathews TJ, Declercq E. Trends in out-of-hospital births in the United States, 1990-2012. NCHS data brief, no 144. Hyattsville, MD: National Center for Health Statistics. 2014.

275 copies were printed at a cost of \$1.33 each. Alternative accessible formats will be provided on request.